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THE CORRELATION BETWEEN NURSING AND SOCIAL WORK

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All human activities are more or less interrelated, but probably one of the closest of bonds is that between social and medical interests; the similarity of social work to nursing is very striking. In some branches of social work, with health the main factor, nurses are universally to be preferred. To those who disagree we need but ask why nurses, sociologically trained, are demanded for such positions. To prepare themselves for this work, many have taken courses at Teachers College. Few, however, have received instruction in schools for social work, where they are taught the broader aspects of the profession. Many are distinguishing themselves in non-medical fields, but their skill has resulted from experience rather than from theoretical training, and graduate nurses surely do not have to be persuaded that such experience is costly to their clients, the public and themselves. Social work is evolving from the experienced to the trained agent, just as the registered nurse has replaced the practical nurse.

Frequent arguments against the nurse as a social worker are: (1) She has received orders for so long that she cannot think independently; (2) she is hardened to suffering, therefore unsympathetic; (3) she is prone to emphasize unduly the health aspect in human problems; (4) a doctor will treat her as an assistant, rather than a colleague. In the last objection, it would seem that the fault lies with the doctor. To the others, I would reply that such accusations are not made against nurses trained in the New York School of Philanthropy, the Chicago School of Civics and Social Work, or any like institution. It is frequently a case of blaming the profession rather than the individual who may have drifted into her position after having failed in or been worn out by her former calling. Hospital and private nursing experience forms a real asset in that so many habits, useful in social work, have already been developed and directed, consciously or unconsciously, along altruistic lines, and the ideals of service are similar.

Broadly speaking, this profession has the following divisions; case work, executive, institutional, research, professional training, community, publicity and legislative, which may deal with child

welfare, housing, family rehabilitation, industry, etc. In executive and institutional positions, we find the same relations between workers as in hospitals. When we are in places of authority, we must guide and control our subordinates, keep the agency running smoothly, initiate new work, and be responsible for the proper care of our clients. We have been trained to receive and execute orders, which, according to military rule, is the way to learn to command. We know the need for accurate and adequate instruction and the correlation between theory and practice, which should tend to make the receptive student and the helpful teacher. We have mastered the importance of dispatch, order, coöperation, wise management of time and energy and efficient organization. Much social work is done by volunteers and students have a required amount of it to do. This is an old experience to a nurse, for what is her three years' training but a long volunteer service? She does not have to be shown her place in the agency, because she knows it already and can better avail herself of her opportunities.

There are far more case workers than executives, and, as the hospital trains for the latter, private nursing prepares for this larger field where maladjusted individuals and families are helped back to normal life. Have you ever considered the dual life we nurses lead when simultaneously we are the doctor's assistant and our patient's friend and interpreter? So, when we are doing social rehabilitation, we are representing the community or an agency, and are also our client's friend, helping him with sympathy, directed by understanding. Both professions are mediating agents, one between the forces of the community, and the other within the home disrupted by illness. Both are characterized by a mixture of physical and mental activity. A few qualities necessary for success in either are: tact, humility, patience, enthusiasm, self-forgetfulness, ability to see through another's eyes (especially of the one to be helped), readiness to shoulder responsibility, cool-headed action in emergency, and tolerance toward religion, realizing the good in all and the human need for it in some form.

Country nursing teaches us to improvise and substitute, leavening technique with practical common sense, qualities needed when working with the poor. After having cases for a few doctors, we see that there are many ways of treating the same condition and that methods are constantly changing. If this will not stimulate the inquiring mind and make us readier to seek and accept the experience and advice of others, I do not know what will.

We have already been taught about individual idiosyncrasies,

that each case is different and that diseases are more readily classified than humanity. So, also, we know the therapeutic value of hope. The seamy side of life has ceased to shock us. It is not a new experience to enter disorganized homes, often with family skeletons exposed, and after securing the confidence and rendering personal service, to note unobtrusively but accurately, the details which often help determine the diagnosis and prognosis. Differences in standards of living and in domestic routine show us that there is much to consider in a home besides superficial order and cleanliness; for instance, that those two terms are not synonymous. We learn to meet people of various races, religions, ages and economic and social degrees, and to understand their interests.

During hospital service, familiarity with the wide-spread effects of alcoholism and venereal disease impresses us with the need for their control. Even orthopedic cases make their contribution by teaching us patience with the slow processes of re-education and we learn from chronic invalidity how to treat old pensioners. Children's nursing forms a good basis for child-placing work, where agents must judge a home's fitness and note the child's condition when visited.

A family's trust is often gained through instruction in oral hygiene, infant care, dietetics, etc., or again, by the early recognition of the symptoms of contagious or chronic disease. As sickness draws out neighborly aid, so will other troubles, and after asking help for the sick it becomes equally easy to solicit clothing, food and rent from the nearest natural sources. We hear of nurses erring in giving relief, but if the analogy between it and opiates is explained, they probably will consider well the possibility of creating paupers before giving such help.

"Back to Nature" is the cry in modern medicine. A similar cry is heard in social work, for example, the play-ground movement and modern penology. We know the value of good food for all, especially for the working man, and we do not have to be persuaded that there should be a minimum wage. We are familiar with the results of overwork and nervous strain as well as the need for adequate vacation and recreation, without reading *Fatigue and Efficiency*. We know the bad physiological effects of long hours of work for women and children and the need for fresh air, sunshine, and good ventilation in every home.

No nurse should ever be guilty of a hasty social diagnosis, knowing this danger in the medical field. We might learn to give Binet tests to determine if a mental examination is indicated; but none of us would presume to usurp the work of the psychologist, as we know the province of the specialist.

One difficulty encountered by many is distinguishing between moral and legal evidence. I think there is a possibility that we who have been bound by rules, many of which we consider senseless, will have more patience than others with legal procedure. And, speaking of red tape, it should be easier for us to enter patients at hospitals and secure reports therefrom, as we "know the ropes." Verbal reports given us by doctors are apt to be correctly recorded, when the reverse is often true with other agents.

But our greatest assistance comes in the social case record, which corresponds to our clinical charts, giving the history of the agency's contact with the individual or family. Facts must be recorded promptly, briefly, accurately and fully. They must be relevant, noting whether they are subjective or objective; but conclusions and impressions should be rarely expressed. The record must be comprehensive and intelligible to subsequent workers, the subject developed logically and following the form used by the organization, as social records are not uniform. The initial statement by the client and the investigation, might be compared to a medical history and a physical examination. Even plotting a temperature chart trains us in making graphs. Thus conscientious observation and faithful recording are essential qualities both for treatment and for scientific data which will lead to better diagnosis. We need hardly be told the confidential nature of these records. In short, the same general rules of professional ethics hold for both lines of work.

Some civil service commissions do not recognize the profession of social work, and nurses only are eligible for main positions of a social type, so I think it behooves us to attempt to secure a social education if we hope to enter this field. The graduate nurse, untrained in social work, has made herself valuable in many positions. She is doing excellent work in public health service, especially after a theoretical course. She is doing well in trained, non-medical work, although she apparently has not yet realized her opportunities there. I am not saying that every nurse should be a social worker, but I do feel that a nurse's course is an excellent foundation for a course in social work.